

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000016163

**Entity Name:** LORVEN HEART AND VASCULAR INSTITUTE, LLC

**Current Principal Place of Business:**

1609 SW 17TH ST.  
OCALA, FL 34471

**Current Mailing Address:**

1609 SW 17TH ST.  
OCALA, FL 34471

**FEI Number:** 20-3275391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REDDY, NAGENDER A  
6601 S MAGNOLIA AVE.  
OCALA, FL 34476 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name REDDY, NAGENDER A  
Address 6601 S MAGNOLIA AVE.  
City-State-Zip: Ocala FL 34476

Title MGRM  
Name REDDY, NAVYA  
Address 6601 S MAGNOLIA AVE.  
City-State-Zip: Ocala FL 34476

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NAGENDER REDDY

MGRM

04/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date